INNOVATIVE APPROACHES FOR REACHING YOUNG PEOPLE IN HEALTH AND FAMILY PLANNING PROGRAMS

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The goal of reaching, motivating, and educating young people is a high-priority aim of health and family planning services. This article describes a wide range of traditional and innovative methods being used in Canada, the Caribbean, and the United States to achieve that aim.

Introduction

Traditionally, programs offering health and family planning assistance to adolescents have worked through particular institutions or communities; they are referred to here as phase I programs. More recently, a variety of health and family planning programs (referred to here as phase II) have begun to use communication techniques to reach and motivate young people. Finally, the most progressive and innovative of recent programs (phase III) have begun employing basic marketing strategies for the purpose of reaching young people and motivating them to improve their health and seek out health information and services. The purpose of this article is to define each phase, give specific examples of youth programs included in each phase, and discuss some of the characteristic strengths and weaknesses of each program.

Types of Programs

To help understand the various programs under review, it is useful to note the progressive development of adolescent services, particularly over the last decade. It is then easy to classify health and family planning programs as pertaining to one or another phase of that development, as indicated above. A somewhat more detailed definition of these three phases is as follows:

Phase I: This phase of development is where teenage services really begin, and where most of them remain today. These traditional programs operate through particular institutions or within a particular community. Typical examples of institution-based programs would be high school education programs, high school clinics, prison-based programs (e.g., prerelease programs), factory clinics, hospital clinics, police department training programs (e.g., rape, crisis, and run-away programs), travelers' aid activities, and social services. Examples of community-based programs include youth groups and clubs, walk-in and peer counseling programs, hotlines, and free clinics (1).

Phase II: This phase of development encompasses a much more recent series of programs designed to reach or motivate young people through use of the media. Programs in this area are considered communication-based. Some examples include newspaper and magazine articles or advertisements, radio and television broadcasts, messages from sport or musical celebrities, “special events” programs, teen-hosted radio shows, and teen press conferences.

Phase III: This development phase includes very recent programs that are often considered the most progressive. Unlike many of the aforementioned programs, they are geared to exploit the creative abilities of the agencies or professionals who work with
young people; but what distinguishes them most clearly is their serious use of marketing techniques. One can thus consider these programs marketing-based. Some examples of such programs' activities include advertising campaigns, coupon discount and giveaway programs, membership card programs, marriage bureau programs, marketing of particular items, yearbook advertising, sponsoring of teams, and cash and other contests.

While many of these various youth programs can be modified to fit the needs of different communities, certain programs do have unique advantages over others. Therefore, readers should consider carefully which models described here might be applicable to their particular situations. It should also be noted that compared to the costs of providing clinical services, the cost of the programs described here are relatively small—and indeed, some of the programs have even generated income.

Institution-Based Programs (Phase I)

High School Programs

Even though family life and sex education programs are nothing new to many high schools, high school-based contraceptive clinic programs do represent a departure from the past. The key to the success of the first high school-based contraceptive clinic in the United States was very careful development of community support (including that of parents, community representatives, and others) before the clinic opened.

The stated goal of the program was to reduce the number of high school dropouts due to pregnancy. Additional services provided by this particular program included periodic general health screening (measurement of blood pressure, etc.) and reduction of second or third pregnancies among students using the clinic. Previous research has indicated that having a student stay in school after a pregnancy is more effective than provision of contraceptive measures in avoiding additional pregnancies. Probably the greatest problem faced by any such high school-based birth-control clinic program is the difficulty of maintaining local confidentiality.

Prison Programs

Another popular institution-based program is the prerelease prison or reformatory program. Young male or female prison inmates, often considered "forgotten people," respond very well to family planning and health education programs—especially in view of the fact that legal charges of "paternity" can result in immediate revocation of parole or probation status for males, often leading to further institutionalization.

Factory Programs

Industry-based clinic and education programs are also relatively new. The key to these programs' success lies largely in showing factory owners or managers the benefits—in terms of cost-efficiency and even employee longevity—of a good family planning program. Data relating to sudden industrialization and the rapidly changing status of young female factory workers, for example, can serve to demonstrate the potential benefits of such an industry-based family planning program.

Hospital Programs

Hospitals, a long-time site of urban-based efforts, are becoming increasingly important as sites for rural-based family planning projects. Some of the best hospital-centered programs for young people are now being supervised by pediatric specialists, rather than by members of the obstetric staff as was traditional. Particularly since initial sexual activity is occurring at earlier and earlier ages (2), the pediatrician is often able to use previous years of rapport and trust to introduce adolescents to sexual health care, often thereby reducing
the patient stress associated with the first Ob-Gyn visit.

Police Programs

Still other institution-based programs targeted at young people involve the Police Department. The most popular of this kind recently in the United States have been programs carried out by “rape crises” teams. These programs usually enjoy a great deal of community support and cooperation. They also help to improve the status of women, especially in cultures where traditional male value systems have been dominant.

Training seminars for police officers on family planning matters have also been quite successful. The premise involved here is that police officers are often called upon to mediate disputes within the home, and are often asked to refer people to other agencies for social services or medical assistance. Therefore, their knowledge of family planning agencies can be crucial and can provide timely support for many women who need the services those agencies provide (3).

Community-Based Programs (Phase I)

Many community-based programs, like a well-known program in Granada (4), try to reach out-of-school urban youth. Programs featuring speeches to youth clubs, film-showings, and so forth can meet with some success, but they usually fail to take the critical step of involving young people in program development and planning tasks. In general, experience has shown that the most successful community-based programs for adolescents tend to do some or all of the following: (1) involve the young people in planning; (2) offer them a place in some aspect of the program; (3) compensate them for their time (with a position or money); and (4) involve them in the evaluation process.

Free Clinics

Neighborhood free clinic programs continue to offer one of the services most utilized by young people, especially in the United States and Canada (5). When surveyed, young people have indicated that they use these clinics for the following reasons:

1. They can have their immediate problem treated, without being subjected to batteries of other tests.
2. They can come to the clinic at almost any time. (Appointments are often made by the day rather than the hour.)
3. The attitudes of free-clinic staff members tend to be very nonjudgmental.
4. Friends are always welcome, a circumstance that provides a key element of support for many adolescents.

Peer Counseling Programs

These programs, which often constitute an integral part of free clinic or runaway services, are mainly concerned with reaching young people in the target population by means of other young people especially trained for that purpose (3). Sometimes criticized by professionals who feel young people are not qualified to provide “counseling” for other young people, such programs could be more accurately described as providing “peer-information” services. A number of family planning services in different countries have successfully used such peer programs, and have often found it appropriate and effective to provide the peer counselors with free supplies of contraceptives.

Communication-Based Programs (Phase II)

Attempts to reach young people in need via communication strategies can be very helpful, but special attention must be given to the message itself. While there is very little re-
search on how adolescents perceive media advertising, previous studies indicate that many more teenagers can be reached by radio than by television. This is primarily due to the high priority given to popular music (rock and roll, reggae, etc.) by young people. Nevertheless, the medium used may be secondary to other critical aspects of the message—such as who is delivering it, what it offers, and when it gets delivered.

One United States project that successfully combined media use with youth needs became known as the “teenage press conference” (6). Young family planning agency patients with good verbal skills, who were selected as volunteers or part-time staff members, were given training sessions on various subjects (including role-playing) to familiarize them with key issues of adolescent sexuality and pregnancy. At the completion of their training, the agency in charge sent out a formal press release announcing a forthcoming press conference on teenage sexuality “by youth and for youth.” The media, normally complacent about press conferences called by social services or health agencies, responded so enthusiastically as to leave standing room only, affording the young people and the agency prime coverage and community visibility. Some of the key ingredients for conducting such a program elsewhere would include the following:

1. Careful selection and training of the young people involved.
2. Provision of professional resource “back-up” people to answer questions relating specifically to the agency.
3. Announcement of a new program or service directed at teenagers in need.

Another closely related device is a radio call-in program for teenagers. Such a program, which allows young people to call the radio or television station and ask questions, has the added advantage of preserving the caller’s anonymity. As in the case of the press conference project, it has been the practice for the call-in program’s teenage host announcers to rely heavily on agency professionals for assistance in answering specific questions.

Marketing-Based Programs (Phase III)

A very new and experimental series of attempts to reach young people is based on bringing a few basic principles of modern advertising to bear on teenagers’ sexual health care needs. Ranging from simple agency promotion efforts to impressive coupon discount campaigns, these marketing-oriented programs have two common aims. That is, they seek to change the public’s image of the family planning agency from a “welfare” agency to a modern agency serving people “on the move”; and they seek to involve the target audience by offering tangible rewards for using the agency’s services.

An excellent example of such a marketing effort occurred recently in a rural upstate New York family planning program. After numerous attempts to reach teenagers met with very limited success, the agency identified the weekly high school football game as the only regular event that attracted numerous young people. At this game, spectators were regularly supplied with printed programs that listed the members of competing teams and included a number of “discount” coupons for a variety of the town’s businesses and other services. On the basis of this information, the family planning agency placed an advertisement and discount coupon in the program. The message:

THIS COUPON GOOD FOR ONE FREE CONFIDENTIAL PREGNANCY TEST.
OFFER GOOD FOR ONE YEAR.

Some family planning agencies are now testing such youth-oriented marketing techniques in a variety of settings. Examples include coupons offering discounts or free services in high school graduation yearbooks, as well as similar coupons placed in the classified ad sections of college newspapers or community shopping guides.

One quite aggressive family planning agency noticed that many young people in its community used the local bowling alley as a fre-
quent gathering place. They decided to sponsor a bowling team (at a cost of less than US$25.00 per team member). Considerable agency exposure resulted from the fact that each team member's bowling shirt carried the message "Planned Parenthood" and the agency's telephone number.

Still another family planning agency, determined to get across its message, sponsored a sports car competing at the local racetrack. For a relatively small fee, a catchy slogan and the agency's name, hours, and telephone number were handsomely painted on the competing car.

Plastic cards that bear some resemblance to credit cards are rapidly gaining popularity among young people. Banking on the importance of American Express, Master Charge, and other credit cards in adult circles, a number of family planning and other youth service agencies have been experimenting with special card-membership clubs. Significant benefits that can accrue to the responsible agency and the card-holding teenagers include: (1) discounts or free services for card-holding members (and also for nonmembers accompanied by members); (2) establishment of long-term credit accounts and extension of credit for medical services or supplies; (3) using such accounts to make a once-a-year charge for all basic family planning services; (4) the listing of the agency's hotline or sexual information service telephone numbers on the card; and (5) assignment of confidential numbers that provide a basis for conducting special studies or research.

Of course, this list cannot come close to exhausting the possibilities of such a membership card system, the appeal of which depends on the fact that such cards provide an entree to a kind of "special group status" elsewhere limited almost exclusively to those over 21.

Marketing by scheduling is another technique which has met with considerable success at some family planning agencies. One agency has scheduled special clinics for teenagers that coincide with school holidays and is also considering special discounts for holiday clinic patients. Such scheduling can be very helpful, especially when young people depend heavily on part-time employment during the school year.

The development and sale of items promoting family planning has also progressed rapidly over the past few years. Buttons, stickers, T-shirts, I.U.D. earrings, bumper-stickers, frisbees, hats, and an array of other products have carried the family planning message to many and have made money as well. One agency sported a bumper-sticker with the message "Love is a trip... make reservations"; these bumper-stickers cost 13 cents to produce, and thousands were sold at $1.00 each.

Another agency developed and sold frisbees bearing the message "You too can catch V.D." and the agency's 24 hour hotline number. Each frisbee cost 70 cents and sold for $2.00.

Contests, used by family planning services in the Philippines and the United States, have helped to improve and change the traditional family planning agency's image from that of an organization for the poor or disadvantaged to that of a service seeking to meet the needs and desires of the community at large. One clinic holds a daily drawing for all patients in the waiting room. The first winning patient receives all family planning services free for six months, and a second winner is awarded free contraceptive supplies for a year.

Motivating Youth

We should not forget that the technique most relied on for many years to reach adults with family planning care ("...happy and healthy families through family planning") are largely irrelevant when attempting to reach adolescents, especially very young adolescents. Among other things, adolescents tend not to think about things very far in the future. Most of their actions and thoughts are based on either the very recent past or the very immediate future. Moreover, adolescence is a
period of considerable risk-taking, with unwanted pregnancy being only one of various adverse consequences. Therefore, it is no accident that many of the birth control programs seeking to reach these young people try to provide them with very tangible and immediate benefits arising from their participation.

Probably the single most influential element in the daily life of any teenager is the peer group. If some members of an adolescent’s peer group have had a positive experience at a family planning clinic, many otherwise reluctant teenagers will feel much better about attending the clinic, especially for the first time. Likewise, if any member of the peer group feels ill-served by the clinic, or has been denied service for any reason (for example, lack of parental consent), the impact on the group and the adolescent community will be immediate and long-lasting. Such effects, of course, are not limited to teenage peer groups, for as research on family planning clinics has shown repeatedly, the most important sources of referrals in all age groups are previous patients.

SUMMARY

During the last decade the goal of reaching, motivating, and educating young people has become a high-priority aim of health and family planning programs. This article discusses a variety of traditional and new ways of reaching young people, particularly adolescents. For that purpose it views youth programs as belonging to one of three categories, these being (1) traditional institution-based and community-based programs, (2) communication-based programs, and (3) marketing-based programs.

Examples of specific youth programs in each category are provided, various advantages of different programs are discussed, and the desirability of incorporating various new approaches (especially communications and marketing strategies) within existing and planned programs is brought out. Overall, this review serves to reemphasize the importance of winning the trust and respect of young people, which by itself is the single development most apt to spell success or failure for these efforts.

REFERENCES